

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/20/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155489		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 06/23/2011	
NAME OF PROVIDER OR SUPPLIER PARKER HEALTH CARE & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 359 RANDOLPH ST PARKER CITY, IN47368			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/23/11</p> <p>Facility Number: 000419 Provider Number: 155489 AIM Number: 100273190</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Parker Health Care & Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and all resident sleeping rooms. The facility</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0143 SS=E	<p>has a capacity of 78 and had a census of 66 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/29/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage rooms where oxygen transfer occurs was separated within a one hour fire barrier enclosure. This deficient practice could affect 28 residents on west hall as well as visitors and staff near the oxygen storage room.</p>			K0143	<p>Since this deficient practice has the potential to affect 28 residents on the west hall as well as visitors and staff near the oxygen storage room due to the door having a fire rating of 20 minutes instead of the required 1 hour fire rating, a 1 hour fire rated door will be purchased and installed by 7/23/2011, date of compliance.</p>		07/23/2011

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K0147 SS=E	Findings include: Based on observation on 06/23/11 at 1:50 p.m. with the Maintenance Supervisor, the fire rating tag found on the corridor door to the oxygen transfer room on west hall indicated it was a twenty minute fire rated door. Based on interview on 06/23/11 concurrent with the observation with the Maintenance Supervisor, it was confirmed the door to the oxygen storage room where it was acknowledged oxygen transfer occurs was a twenty minute fire rated door which would not maintain a one hour fire rated enclosure. 3.1-19(b)						
	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 multiplug adapters was not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, multiplug adapters, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 2 residents in room # 47 on west hall as well as staff and visitors.			K0147	The multiplug adapter was removed immediately from room #47. All residents in the facility as well as staff and visitors have the potential to be affected by this deficient practice. The Maintenance Supervisor set in place a routine schedule to install additional outlets in residents rooms to provide adequate outlets for those residents requiring life support equipment. After those resident rooms have been installed with the additional		07/23/2011

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	<p>Findings include:</p> <p>Based on observation on 06/23/11 at 1:15 p.m. with the Maintenance Supervisor, one resident bed which uses electric power was plugged into a multiplug adapter on the east wall at the foot end of the bed. Based on interview on 06/23/11 at 1:18 p.m. concurrent with the observation with the Maintenance Supervisor, it was acknowledged resident room number 47 used a six outlet multiplug as a substitute for fixed wiring.</p> <p>3.1-19(b)</p>				<p>outlets, there will be a schedule set up to provide outlets in the remaining resident rooms. Once the additional outlets have been installed, the Maintenance Supervisor will follow the Monthly Resident Room Preventative Maintenance Review to ensure the outlets are adequate and multiplug adapters are not being used. The QA Committee will review for 1 year. Date of Compliance: July 23, 2011</p>		